Sample

Incentive Award Nomination Form

Department of			
The nomination must include the following information. Incomplete submissions will be returned. Questions about this process should be directed to: (<u>program coordinator/email/phone number</u>).			
Please type or print clearly.			
The Department of will make reasonable accommodations for persons with disabilities who wish to participate in the Incentive Award Program. To request an accommodation, contact (Program coordinator, address, telephone, TDD and Fax numbers).			
All nominations for incentive awards are public information and available for review.			
Employee, Group, or Team nominated			
Name(s) of Person(s) nominated	Department/Division/Bureau	Telephone Number(s)	
Description of outcome, achievement or savings			
A description of the outcome, achievement or savings and how it (attach additional sheets if necessary)			
 a) Exceeds normal expectations for the employee, or group or team of employees, or b) Has an impact on the delivery of service to the public or other customer, or c) Directly and to what degree contributes to the agency's objectives, goals and mission. 			
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Documented Savings			
1. The dollar value of the documented savings: \$			
2. Describe in detail the method used to determine the value:			
Signature(s)			
Characteristic of the early with a (a)	Detec		
Signature of the submitter(s)	Date:		
Address:	Phone Number:		
Signature of the submitter(s)	Date:		
Address:	Phone Number:		
For agency use			
Received by:	Date Received:		